

MANAGEMENT COBRA BROCHURE

www.sausd.us/benefits

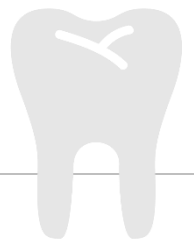
benefits@sausd.us

P (714) 558-5686

F (714) 558-5682

1601 E Chestnut Ave
Santa Ana, CA 92701

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While we have made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information, you should refer to your plan benefit booklets provided by your insurance provider or summary plan descriptions that are on our website www.sausd.us/benefits. The plan benefits booklets provided by your insurance provider determine how all benefits are paid.

The benefits explained in this summary are effective July 01, 2019 through June 30, 2020.

Plan Changes

Here are some medical and dental plan highlights for the 2019-2020 school year.

Medical

Kaiser Permanente HMO

Rate increase*

No changes to medical coverage

Members still receive vision coverage through VSP

Blue Shield Trio ACO HMO

Now the lowest costing HMO plan*

No changes to medical coverage

Members still receive pharmacy coverage through Express Scripts

Members still receive vision coverage through VSP

Blue Shield Access+ HMO

Rate increase*

No changes to medical coverage

Members still receive pharmacy coverage through Express Scripts

Members still receive vision coverage through VSP

Blue Shield Spectrum PPO

Rate increase*

No changes to medical coverage

Members still receive pharmacy coverage through Express Scripts

Members still receive vision coverage through VSP

**Refer to your Rates on page 13*

Dental

Delta Care USA DHMO

No rate increase and no changes to dental coverage

Delta Dental Incentive DPPO

No rate increase and no changes to dental coverage

Delta Dental Network DPPO

No rate increase and no changes to dental coverage

Helping you and your families achieve and maintain good health - physical, emotional, and financial - is the reason Santa Ana Unified School District offers you this program.

This year, we are pleased to announce no changes to our plan coverages and minimal increases to plan cost.

However, even though our plans are not changing significantly, you may have different needs than last year.

Open Enrollment is your once-a-year opportunity to review your existing elections, make changes to your plans, or add or drop dependents for the 2019-2020 school year.

FOCUS ON
BENEFITS

Who You Can Cover

You may enroll the following family members in our health insurance plans.

Your Spouse

The person you are legally married to under state law, including a same-sex spouse.

Your Domestic Partner

Only with proof of a Declaration of Domestic Partnership filed with the California State Secretary. California state registration is limited to same sex domestic partners where one is at least 62 and eligible for Social Security based on their age. Any premiums paid for by SAUSD for your domestic partner are taxable and will be included in your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.

Your Children

Including your Domestic Partner's children, adopted children, and/or stepchildren.

Your children must be under 26 years old. They do not have to live with you or be enrolled in school. They can be married and living on their own.

Any child over the age of 26 only if they are mentally or physically handicapped.

Any children that are named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Who You Cannot Cover

You may not enroll the following family members in our health insurance plans. Family members who are not eligible for coverage include, but are not limited to:

Your Parents

Your Grandparents

Your Siblings



When Coverage Begins

Any changes you make during Open Enrollment begin July 1.

All other changes will go in to effect the first day of the following month you notify our office.

If you add a dependent, their coverage will begin the first day of the following month except for newborn children. Newborn children will be added effective their date of birth.

When You Can Enroll

Open Enrollment

Open enrollment is usually held in late April or early May and is the one time each year you can make changes to your benefits without a qualifying event.

Qualifying Events

Make sure to notify our office right away if you have a qualifying event and need to make a change to your coverage.

These events include, but are not limited to, the birth or adoption of a baby or child, loss of other coverage, your eligibility for new coverage, a marriage, or a divorce. You have 30-days to make your changes.

Rules for Changes

Other than open enrollment, you can only make changes to your benefits if you have a qualified event or a "special enrollment". If you have a qualified event and are able to make changes to your benefits, you will be required to submit proof of that change or evidence of prior coverage.

There are four basic types of qualifying events. The following are examples, not a full list:

Loss of Health Coverage

If you lose your current coverage, including job-based, individual, and/or a student plan

If you are no longer eligible for Medicare, Medicaid, or CHIP

When you turn 26 years and lose your coverage through your parent's plan

Changes in Household

Like getting married or a divorce



Having a baby or adoption a child
Experiencing a death in your family

Changes in Residence

If you move to different ZIP code or county that affects your access to network providers

Other Qualifying Events

Changes in your income that affect the coverage you qualify for

A change in eligibility for Medicare or Medicaid

A court order including a Qualified Medical Child Support Order (QMCSO)

Two rules apply to making changes to your benefits during the year:

1. Any change you make must be consistent with the change in status, *AND*
2. You must notify our office and make the change before or within *30-days* of the date the event occurs

You are responsible for notifying our office of your dependent(s) that become **INELIGIBLE** because of a divorce or becoming an overage dependent before or within 30-days of the event. Failure to do so may jeopardize your dependent's right to **COBRA**.

Telephone Appointments

Available to all Blue Shield members, **Heal™** and **Teladoc™** let you see a doctor at a time and place that is best for you.

Heal™ is only available for Blue Shield PPO members in Los Angeles, Orange County, San Francisco, Oakland, Berkeley, San Diego, and the Peninsula to San Jose.

The cost for **Heal™** is the same as your plan's co-pay and **Teladoc™** has a \$5 co-pay for both HMO and PPO members.

Heal™

8 a.m. to 8 p.m. daily
Phone: 1-844-644-4325
getheal.com

Teladoc™

Phone: 1-800-835-2362
teladoc.com/bsc
Smartphone app also available



TELADOC™



Kaiser members can get care from a doctor wherever they are. If you have a minor health condition or need a follow-up, you may be able to talk to a doctor by video or phone.

You need an in-person appointment and need to register on kp.org before you can receive a video or phone appointment.

Monday - Friday
7 a.m. to 7 p.m.
Phone: 1-800-954-8000

Medical coverage provides you with benefits that keep you healthy like preventative care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart shows the medical HMO plans offered by SAUSD.

| | Blue Shield Trio A.C.O. H.M.O. | Blue Shield Access+ H.M.O. | Kaiser Permanente H.M.O. |
|--|---|--|---|
| Single <small>(Subscriber Only)</small> | \$520.37 | \$638.85 | \$577.76 |
| 2 Party <small>(Subscriber +1)</small> | \$1,075.09 | \$1,325.38 | \$1,151.53 |
| Family <small>(Subscriber +2 or more)</small> | \$1,549.57 | \$1,905.70 | \$1,633.39 |
| Annual Deductible | None | None | None |
| Annual Out-of-Pocket Max | \$2,000 per Individual \$4,000 per Family | \$2,000 per Individual \$4,000 per Family | \$1,500 per Individual \$3,000 per Family |
| Lifetime Max | Unlimited | Unlimited | Unlimited |
| Office Visits | | | |
| Primary Provider | \$20 Co-pay | \$20 Co-pay | \$20 Co-pay |
| Specialist | \$20 Co-pay <small>When you are referred by your primary provider</small> | \$20 Co-pay <small>When you are referred by your primary provider</small> | \$20 Co-pay |
| | \$20 Co-pay <small>When you self-refer within your Trio provider group</small> | \$30 Co-pay <small>When you self-refer within your Access+ provider group</small> | |
| Preventive Services | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% |
| Chiropractic Care | \$10 <small>Up to 30 visits per year</small> | \$10 <small>Up to 30 visits per year</small> | Not Covered |
| Labs and X-Rays | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% |
| Hospitalization | | | |
| Inpatient | \$250 Co-pay | \$250 Co-pay | \$250 Co-pay |
| Outpatient Surgery | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Emergency Services | | | |
| Urgent Care | \$20 Co-pay | \$20 Co-pay | \$20 Co-pay |
| Emergency Room | \$150 Co-pay <small>Waived if admitted</small> | \$150 Co-pay <small>Waived if admitted</small> | \$150 Co-pay <small>Waived if admitted</small> |

If you enroll in a medical plan, you will receive prescription coverage. The following chart shows the prescription coverage offered with our medical HMO plans.

| | Blue Shield Trio A.C.O. H.M.O. Express Scripts* | Blue Shield Access+ H.M.O. Express Scripts* | Kaiser Permanente H.M.O. Kaiser Pharmacy |
|-----------------------------|---|--|--|
| Rx Deductible | \$150 per Individual <i>For a brand-name Rx</i> | \$150 per Individual <i>For a brand-name Rx</i> | None |
| Annual Out-of-Pocket Max | \$4,600 per Individual \$9,200 per Family | \$4,600 per Individual \$9,200 per Family | Combined with Medical |

Pharmacy Co-pays

| | | | |
|-----------------------------|---|---|-------------|
| Generic | \$10 Co-pay | \$10 Co-pay | \$10 Co-pay |
| Preferred Brand-Name | \$25 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$25 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$20 Co-pay |
| Non-Preferred Brand-Name | \$40 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$40 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | N/A |
| Supply Limit | 30 Days | 30 Days | 30 Days |

Mail Order Co-pays

| | | | |
|-----------------------------|---|---|-------------|
| Mail Order | \$20 Co-pay | \$20 Co-pay | \$20 Co-pay |
| Preferred Brand-Name | \$50 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$50 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$40 Co-pay |
| Non-Preferred Brand-Name | \$80 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$80 Co-pay <i>After your brand-name Rx deductible of \$150 per Individual</i> | N/A |
| Supply Limit | 90 Days | 90 Days | 100 Days |

***Express Scripts Advantage Plus Utilization Management Program**

This Express Scripts program uses strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Subscribers may be required to participate in the following programs when filling their prescriptions:

Drug Quantity Management
Drug quantity management is required for medications **prescribed, "as needed" for which** the days of supply cannot be inferred from the prescription (migraine medication, inhalers, creams, ointments).

Step-Therapy
Step-therapy is required for most non-specialty drugs, including therapies for diabetes, high blood pressure, depression, and ulcers.

Prior Authorization
Prior authorization is required for most specialty drugs.

Medical coverage provides you with benefits that keep you healthy like preventative care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart outlines the medical PPO plan offered by SAUSD.

Blue Shield Spectrum PPO

| | | |
|--|--|--|
| Single <small>(Subscriber Only)</small> | \$967.42 | |
| 2 Party <small>(Subscriber +1)</small> | \$2,009.76 | |
| Family <small>(Subscriber +2 or more)</small> | \$2,886.18 | |
| | In-Network Coverage | Out-of-Network Coverage |
| Annual Deductible | \$300 per Individual \$600 per Family | \$600 per Individual \$1,200 per Family |
| Annual Out-of-Pocket Max | \$2,800 per Individual \$5,600 per Family | \$4,800 per Individual \$9,600 per Family |
| Lifetime Max | Unlimited | Unlimited |

Office Visits

| | | |
|---------------------|---|---|
| Primary Provider | \$20 Co-pay | Plan pays 60%* |
| Specialist | \$20 Co-pay | Plan pays 60%* |
| Preventive Services | Plan Pays 100% | Not Covered |
| Chiropractic Care | Plan pays 80%* <small>Up to 50 visits per year</small> | Plan pays 80%* <small>Up to 50 visits per year</small> |
| Labs and X-Rays | Plan pays 80%* | Plan Pays 60%* |

Hospitalization

| | | |
|--------------------|----------------|----------------|
| Inpatient | Plan pays 80%* | Plan pays 60%* |
| Outpatient Surgery | Plan pays 80%* | Plan pays 60%* |

Emergency Services

| | | |
|----------------|---|---|
| Urgent Care | \$20 Co-pay | Plan pays 60%* |
| Emergency Room | \$150 Co-pay + 20% <small>Waived if admitted</small> | \$150 Co-pay + 20% <small>Waived if admitted</small> |

*AFTER DEDUCTIBLE

If you enroll in medical coverage, you will receive coverage for prescription drugs. The following chart shows the prescription coverage offered with our medical PPO plan.

Blue Shield Spectrum PPO

Express Scripts*

| | In-Network Coverage | Out-of-Network Coverage |
|--------------------------|--|--|
| Rx Deductible | \$150 per Individual <i>For a brand-name Rx</i> | \$150 per Individual <i>For a brand-name Rx</i> |
| Annual Out-of-Pocket Max | \$3,800 per Individual \$7,600 per Family | \$2,000 per Individual \$4,000 per Family |

Pharmacy Co-pays

| | | |
|--------------------------|--|--|
| Generic | \$10 Co-pay | \$10 Co-pay |
| Preferred Brand-Name | \$25 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$25 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> |
| Non-Preferred Brand-Name | \$40 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> | \$40 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> |
| Supply Limit | 30 Days | 30 Days |

Mail Order Co-pays

| | | |
|--------------------------|--|----------------|
| Mail Order | \$20 Co-pay | Not Covered |
| Preferred Brand-Name | \$50 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> | Not Covered |
| Non-Preferred Brand-Name | \$80 Co-pay ¹ <i>After your brand-name Rx deductible of \$150 per Individual</i> | Not Covered |
| Supply Limit | 90 Days | Not Applicable |

¹AFTER DEDUCTIBLE

*Express Scripts Advantage Plus Utilization Management Program

This Express Scripts program uses strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Subscribers may be required to participate in the following programs when filling their prescriptions:

Drug Quantity Management

Drug quantity management is required for medications prescribed, **"as needed" for which** the days of supply cannot be inferred from the prescription (migraine medication, inhalers, creams, ointments).

Step-Therapy

Step-therapy is required for most non-specialty drugs, including therapies for diabetes, high blood pressure, depression, and ulcers.

Prior Authorization

Prior authorization is required for most specialty drugs.

SAUSD gives you a choice of two dental DPPO plans. When you enroll in a Delta Dental DPPO plan, you have the choice of visiting any dentist you chose, including in-network providers, non-network premier providers, and out-of-network providers. Members receive the highest level of benefits when they visit a preferred provider.

Contact Delta Dental at 1-866-499-3001 or visit their website at www.deltadentalins.com to find a provider near you.

| | Delta Dental Network DPPO | | Delta Dental Incentive DPPO | |
|--|---------------------------|------------------------|-----------------------------|--|
| | Preferred Provider | Premier Provider | Preferred Provider | Premier Provider |
| Single <small>(Subscriber Only)</small> | \$46.73 | | \$58.42 | |
| 2 Party <small>(Subscriber +1)</small> | \$129.90 | | \$162.37 | |
| Family <small>(Subscriber +2 or more)</small> | \$176.66 | | \$220.87 | |
| Annual Deductible | None | None | None | \$25 per Individual \$75 per Family <i>Waived for diagnostic and preventative services</i> |
| Annual Plan Max | \$2,000 per Individual | \$1,200 per Individual | \$2,000 per Individual | \$1,500 per Individual |
| Waiting Period | None | None | None | None |
| Diagnostic and Preventative | Plan pays 100% | Plan pays 50% | Plan pays 70-100% | Plan pays 70-100% |
| Basic Services | | | | |
| Fillings | Plan pays 100% | Plan pays 50% | Plan pays 70-100% | Plan pays 70-100% <i>After deductible</i> |
| Root Canals | Plan pays 100% | Plan pays 50% | Plan pays 70-100% | Plan pays 70-100% <i>After deductible</i> |
| Diagnostic and Preventative | Plan pays 100% | Plan pays 50% | Plan pays 70-100% | Plan pays 70-100% <i>After deductible</i> |
| Major Services | | | | |
| Prosthodontics | Plan pays 50% | Plan pays 50% | Plan pays 50% | Plan pays 50% <i>After deductible</i> |
| Other Major Services | Plan pays 100% | Plan pays 50% | Plan pays 70-100% | Plan pays 70-100% <i>After deductible</i> |
| Orthodontia Services | | | | |
| Orthodontia | Plan pays 50% | Plan pays 50% | Plan pays 50% | Plan pays 50% |
| Lifetime Max | \$1,000 | \$1,000 | \$500 | \$500 |
| Dependents | Covered | Covered | Covered | Covered |

The Incentive plan pays 70% for diagnostics, preventative, basic and major services for the first year. This percentage increases by 10% each year to a max of 100% as long as you use the coverage at least once a year. If you do not use the plan at least once during the year, your percentage will remain at the level attained the previous year.

Delta Care is a dental DHMO plan and automatically assigns you and your dependents a dentist when you enroll. You can always change your dentist by contacting Delta Care and letting them know the office you prefer within the Delta Care network.

Visit www.deltadentalins.com to search for a Delta Care dentist near you.

Delta Care USA D.H.M.O.

| | |
|--|--|
| Single <small>(Subscriber Only)</small> | \$17.60 |
| 2 Party <small>(Subscriber +1)</small> | \$29.05 |
| Family <small>(Subscriber +2 or more)</small> | \$42.93 |
| Annual Deductible | None |
| Annual Plan Max | Unlimited |
| Waiting Period | None |
| Diagnostic and Preventative | \$0-\$45 Co-pay then the plan pays 100% |
| Basic Services | |
| Fillings | Plan pays 100% |
| Root Canals | Plan pays 100% |
| Diagnostic and Preventative | Plan pays 100% |
| Major Services | |
| Prosthodontics | N/A |
| Other Major Services | \$0-\$195 Co-pay then the plan pays 100% |
| Orthodontia Services | |
| Orthodontia | \$1,700-\$1,900 Co-pay |
| Lifetime Max | Unlimited |
| Dependents | Covered |

Co-pays vary by the type of services you receive. To receive a list of their fee schedule, you should contact Delta Care at 1-800-422-4234 and request a copy of the **plan's contract**.

V.S.P.

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Vision Coverage

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

All SAUSD subscribers and family members enrolled in our medical plans will receive vision benefits from VSP.

| | In-Network Coverage | Out-of-Network Coverage |
|--------------|---|-------------------------|
| Office Visit | \$15 Co-pay <i>Then the plan pays 100%</i> | Plan pays up to \$45 |
| Frequency | Event 12 months | Every 12 months |

Eyeglass Lenses

| | | |
|--------------------|------------------------------|----------------------|
| Single Vision Lens | Plan pays 100% of basic lens | Plan pays up to \$30 |
| Bifocal Lens | Plan pays 100% of basic lens | Plan pays up to \$50 |
| Trifocal Lens | Plan pays 100% of basic lens | Plan pays up to \$65 |
| Frequency | Every 12 months | Every 12 months |

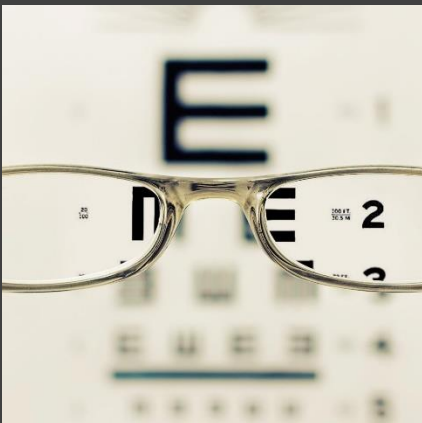
Frames

| | | |
|-----------|--|----------------------|
| Benefit | Plan pays up to \$130 <i>On select frames</i> | Plan pays up to \$70 |
| | Plan pays up to \$150 <i>On featured frames</i> | |
| Frequency | Every 24 months | Every 24 months |

Contacts

| | | |
|-----------|---|-----------------------|
| Benefit | Plan pays up to \$130 <i>With up to \$60 co-pay for fitting and evaluation</i> | Plan pays up to \$105 |
| Frequency | Every 12 months | Every 12 months |

Visit vsp.com to find a V.S.P. provider near you.



Blue Shield Life Referrals 24/7

Because we want our subscribers to have a well-balanced life, Blue Shield members will receive EAP benefits through Blue **Shield's Life Referral 24/7** program.

This program provides referrals to professional counselors for up to three free face-to-face confidential visits every 6-months and live 60-minute telephone consultations.

You can access this program 24 hours, 365 days to help you resolve emotional, health, family, and work issues.

This benefit is included in your Blue Shield medical plan and is available to all household members.

Life Referrals 24/7

1-800-985-2405

Kaiser Behavioral Health

Kaiser takes care of the whole you. Your personal physician coordinates your care with a mental health specialist, or team, that can diagnose mental health issues that affect your health and well-being.

Depending on your needs, you can choose from a wide range of services; call or email your doctor, make non-urgent appointments online, call to make an appointment for therapy and other counseling services, talk to an advice nurse, speak with a wellness coach or enroll to take a class.

Behavioral Health Hotline

1-800-900-3277

Wellness Coaching

1-866-402-4320

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Employee Assistance Programs (EAP)

It is the District's goal to offer our subscribers and their families programs, resources, and activities to support and encourage healthy lifestyles. These resources include relational, nutritional, physical, and emotional wellbeing.

Rates

The following charts summarize the amounts our COBRA subscribers pay for their health insurance coverage.

Rates are effective
July 01, 2019
through
June 30, 2020

COBRA Subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

Kaiser rates include medical, pharmacy, and VSP vision coverage.

Blue Shield rates include medical, Express Scripts pharmacy and VSP vision coverage.

Medical

| Kaiser HMO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|---------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$577.76 | \$1,151.53 | \$1,633.39 |

| Blue Shield Trio HMO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|-------------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$520.37 | \$1,075.09 | \$1,549.57 |

| Blue Shield Access+ HMO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|-------------------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$638.85 | \$1,325.38 | \$1,905.70 |

| Blue Shield PPO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|--------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$967.42 | \$2,009.76 | \$2,886.18 |

Dental

| Delta Care DHMO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|--------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$17.60 | \$29.05 | \$42.93 |

| Delta Incentive PPO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|---------------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$58.42 | \$162.37 | \$220.87 |

| Delta Network PPO | Single Subscriber Only | 2 Party Subscriber +1 | Family Subscriber +2 or more |
|-------------------------|---------------------------|--------------------------|---------------------------------|
| You Pay | \$46.72 | \$129.90 | \$176.66 |

Medical/General Terms

Allowable Charge

The most an in-network provider can charge you for an office visit or service.

Balancing Billing

Non-network providers are allowed to charge you more **than the plan's** allowable charge. This is called balance billing.

Coinsurance

The cost between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for 30% of the cost.

Copay

The fee you pay to a provider at the time of service.

Deductible

The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefits costs for the year (except for preventative care and other services where the deductible is waived).

Explanation of Benefits (EOB)

The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any), and how much you owe (if any). In general, you should not pay a bill from your provider (except copays) until you have received and reviewed your EOB.

Family Deductible

The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible

The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network

Services received from providers (doctors, hospitals, etc.) who are part of your **health plan's network**. In-network services generally cost you less than out-of-network services.

Out-of-Network

Services received from your providers (doctors, hospitals, etc.) who are not a part of your health **plan's network**. Out-of-network services generally cost more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket

Healthcare costs you pay using your own money, whether from your bank account, credit card, health reimbursement account (HRA), health savings account (HSA), or flexible spending account (FSA).

Out-of-Pocket Maximum

The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventative Care

A routine exam, usually yearly, that may include a physical exam, immunizations, and test for certain health conditions.

Prescription Terms

Brand Name Drug

A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name Acetaminophen.

Dispense as Written (DAW)

A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications

Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug

A brand name drug for which alternatives are available from **either the plan's preferred brand drug or generic drug list**. There is generally a higher copayment for non-preferred brand drugs.

Preferred Brand Drug

A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy

Provides special drugs for complex conditions such as multiple sclerosis, cancer, and HIV/AIDS billing.

Step Therapy

The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other costlier or risky therapy, only if necessary.

Dental Terms

Basic Services

Generally includes coverage for fillings and oral surgery.

Diagnostic and Preventative Services

Generally, includes routine cleanings, oral exams, x-rays, sealants, and fluoride treatments

Endodontics

Commonly known as root canal therapy.

Implants

An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services

Generally, includes restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Orthodontia

Some dental plans offer orthodontia services for children (and sometimes adults too) to treat alignments of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics

Diagnosis and treatment of gum disease.

Pre-Treatment Estimate

An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payments.

Current Health Plan Notices

We must provide these notices to our plan participants on an annual basis and are available on our website at www.sausd.us/benefits.

These notices include:

Medicare Part D Notice

This notice describes options to access prescription drug coverage for Medicare eligible individuals.

Women's Health and Cancer Rights Act

This notice describes available benefits to those that will or have undergone a mastectomy.

Newborn's and Mother's Health Protection Act

This notice describes the right of mothers and newborns to stay in the hospital 48-96 hours after delivery.

HIPAA Notice of Special Enrollment Rights

This notice describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.

Notice of Choice of Providers

This notice notifies you about the plan's requirement that you name a primary care physician (PCP).

Children's Health Insurance Program Reauthorization Act (CHIPRA)

This notice describes the availability of premium assistance for Medicaid eligible dependents.

Current Plan Documents

These important documents for our health plans, and retirement plan, are available on our website at www.sausd.us/benefits.

These documents include:

Summary Plan Descriptions (SPD)

This document is the legal document for describing benefits provided under our plan, as well as plan rights and obligations to participants and beneficiaries. The SPD for each of our plans outlined in this brochure are available at www.sausd.us/benefits.

Summary of Benefits and Coverage (SBC)

We are required to provide the following documents by the Affordable Care Act (ACA) it presents benefit plan features in a standardized format. The following SBCs are available on our website at www.sausd.us/benefits.

Kaiser Permanente HMO

Blue Shield Trio ACO HMO

Blue Shield Access+ HMO

Blue Shield Spectrum PPO

Paper copies of these documents and notices are available as requested. If you would like a paper copy, contact our office at 1-714-558-5686 or benefits@sausd.us.

Statement of Material Modifications

This brochure constitutes a summary of material modifications (SMM) to the Santa Ana Unified School District benefits plan. This brochure does not supplement and/or replace certain information in the SPD. Retain it for future reference along with your SPD. Please share these materials with your covered dependents.

Provider Directory

A

American Fidelity

1-800-365-9180

www.americanfidelity.com

Assistance with your flexible spending accounts.

Also for assistance with your supplemental insurances including accident, cancer, disability, and voluntary life.

American Specialty Health

1-800-848-3555

ashcompanies.com

Chiropractic services for all Blue Shield members.

B

Blue Shield 65 Plus

1-800-393-6130

www.blueshieldca.com/sausd

Medical and pharmacy provider for 65 Plus members.

Blue Shield of California

1-855-747-5800 [Trio]

1-800-393-6130 [Access+ & PPO]

www.blueshieldca.com/sausd

Medical provider for all Blue Shield members.

Blue Shield Heal

1-844-644-4325 [8 a.m. to 8 p.m.]

getheal.com

Telephone appointments for Blue Shield PPO members only.

Blue Shield Mental Health

1-877-263-9952

www.blueshieldca.com/sausd

Mental health services for all Blue Shield members.

Blue Shield Teladoc

1-800-835-2362

member.teladoc.com/bsc

Phone or video consultations for Blue Shield members, except 65 Plus.

C

CSEA

1-714-532-3766

www.csea.com/web

Employee union for eligible classified personnel.

D

Delta Dental

1-866-499-3001

www.deltadentalins.com

Dental provider for Incentive and Network DPPO members.

Delta Care USA DHMO

1-800-422-4234

www.deltadentalins.com

Dental provider for Delta Care members.

E

Express Scripts

1-877-474-1136

express-scripts.com

Pharmacy provider for Blue Shield members, except 65 Plus.

K

Kaiser Permanente

1-833-KP4CARE (574-2273)

kp.org

Medical, pharmacy, and mental health provider for all Kaiser members.

L

Life Referrals 24/7

1-800-985-2405

www.blueshieldca.com/sausd

Employee assistance program for all Blue Shield members.

P

PERS

1-888-225-7377

www.calpers.ca.gov

Employee retirement system for Classified personnel.

S

SAEA

1-714-542-6758

santaanaeducators.com

Employee union for eligible Certificated personnel.

Schools First

Federal Credit Union

1-714-258-4000

www.schoolsfirstfcu.org

Third-party administrator for additional retirement accounts.

STRS

1-800-228-5453

www.calstrs.com

Assistance with your supplemental disability and life insurance.

V

VSP

1-800-877-7195

vsp.com

Vision provider for all SAUSD health plan members.

W

Washington National

1-888-754-3406

www.washingtonnational.com

Assistance with your supplemental cancer insurance.